

## STATE OF INDIANA DEPARTMENT OF INSURANCE

State Form 6130(R7/9-97) Approved by the State Board of Accounts 1997

	Initials
Date:	
Check Number:	
Amount:	
ROC:	

# INDIANA FEE AND RETALIATORY FEE STATEMENT YEAR ENDING DECEMBER 31, \_\_\_\_\_

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- 1. Complete the worksheet.
- 2. Send an individual check and statement for each company; do not send a group check.
- 3. Mail the form with remittance separately; do not include with Annual Statement or other correspondence.
- 4. Payments are due annually on or before March 1st.

Name of Comp	pany		
Address			
State of Domi	cileCompany NAIC Number (5 digit)		
Type of Comp	any: L&H P&C Title Fraternal HMO LSHMO Farm Mutual Other	r	
I. FILING I	FEES (Retaliatory Basis)	Indiana Basis	State of Domicile Basis
1.	Filing of Annual Statement or Consolidated Statement	\$	\$
	L&H, P&C, Risk Retention and Reciprocals - Foreign and Domestic Only IC 27-1-3-15(a); \$100		
	HMO & LSHMO IC 27-13-27-1(a); IC 27-13-34-23(a); \$50		
	Farm Mutual IC 27-1-3-13; \$25		
	Assessment Company IC 27-8-1-8; \$10		
	Fraternal IC 27-11-8-2; \$25		
	Title IC 27-7-3-15; \$20		
2.	Renewal of Certificate of Authority IC 27-1-3-15, IC 27-13-27-2, IC 27-13-34-23; \$50	\$	\$
3.	Examining Statement of Condition (Assessment, Fraternal, Domestic Companies, HMO & LSHMO Exempt) IC 27-1-3-15(a); IC 27-5-9-13; \$5	\$	\$
4.	Other Fees (State of Domicile)	\$ <u>XXX</u>	\$
5.	Total Fees (Add lines 1 through 4)	\$	\$
6.	Compare Totals on Line 5; enter the larger number	> \$	

### II. INTERNAL AUDIT FEE - All companies licensed to do business in the State of Indiana must pay (a) or (b)

### CHOOSE ONE OF THE FOLLOWING:

- Internal Audit Fee -Foreign & Domestic, Life & Health, Property & Casualty, Title and Reciprocal Only IC 27-1-3-15(d); \$350
- b. Internal Audit Fee Fraternal, HMO, LSHMO & Farm Mutual Only IC 27-1-3-15(d); \$100

\$

#### III. TOTAL FEES DUE TO STATE OF INDIANA

a. Enter amount on Section I, Line 6 \$ \_\_\_\_\_

b. Enter amount from Section II + \$ \_\_\_\_\_

c. Total Amount Due \$ \_\_\_\_\_

Please make check payable to: Indiana Department of Insurance

Mail check and Statement to: Indiana Department of Insurance P.O. Box 636
Indianapolis, IN 46206-0636

Name of Contact Person	
Telephone Number	
The undersigned treasurer of that this return (including any accompanying schedules and statement of the information called for, and the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the information called for the proper care has been statement of the proper care has been statement.	(Name of Company) being duly sworn upon his/her oath says d statement) is, to the best of his/her knowledge, a true, correct and complete has been exercised in the preparation of this return.
Signature of Treasurer	
Printed or Typed name of Treasurer	
State of) SS: County of)	
County of)	
Subscribed and sworn before me this Day of	
Signature of Notary	County of Residence
Printed or Typed Name of Notary	My commission expires on